



I-09-006

Contract # **5280**
(obtain from City Clerk)

CONTRACT REVIEW/APPROVAL ROUTING FORM

INSTRUCTIONS:

1. First time original contracts

- a. Contact City Clerk's Office for Contract Number
- b. One copy of the Contract Routing Form
- c. Two original contract documents

2. Amendments/Change Orders

- a. Contact City Clerk's Office for a NEW Contract Number
- b. One copy of the Contract Routing Form
- c. Two original amendments/change orders
- d. One copy of the original contract

FILED
APR 24 2009
CITY CLERK
CITY OF SHORELINE

CONTRACT DESCRIPTION

Originator:	L. Cheeney	Routed by:	L. Cheeney
Department/Division:	Parks, Recreation & Cultural Services	Date:	April 16, 2009
Type of Contract:	<input type="checkbox"/> (A) Addendum/Change Order <input type="checkbox"/> (W) Public Works <input type="checkbox"/> (O) Other <input type="checkbox"/> (GR) Grants <input type="checkbox"/> (S) Purchase of Services <input type="checkbox"/> (L) Lease Agreement <input checked="" type="checkbox"/> (I) Intergov't Agreement		
CONTRACT TITLE:	American Red Cross Shelter Agreement		
Brief Description of Services:	Agreement for use of Spartan Recreation Center for Emergency Shelter		
Contract Modification:	Has the original contract boilerplate language been modified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list which sections have been modified:	Agreement Form has been approved by City Attorney		
Bid/RFP Number:			
Name of Consultant/Contractor:	American Red Cross		
Effective Date:	Upon Execution	Termination Date:	Renewable 2011

Total Amount of Contract (including reimbursable expenses): \$0.00

Org Key – Obj Number:	Amount:	J/L Number (if required):
Org Key – Obj Number:	Amount:	J/L Number (if required):
Org Key – Obj Number:	Amount:	J/L Number (if required):
Org Key – Obj Number:	Amount:	J/L Number (if required):

Budget: Are there sufficient funds in the current budget to cover this contract? ☐ Yes ☐ No

If no, where are the additional funds coming from?

Payment Terms (monthly installments, progress payments, etc.):

Remarks: This is a two year renewable agreement.

SIGNATURE ROUTING

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1. Project Manager/Director | <input type="checkbox"/> 6. City Council approval (if required) |
| <input type="checkbox"/> 2. Risk Management/Budget | <input checked="" type="checkbox"/> 7. City Manager |
| <input checked="" type="checkbox"/> 3. City Attorney | <input type="checkbox"/> 8. City Clerk |
| <input type="checkbox"/> 4. Send to Consultant for signature (only contract documents) | <input type="checkbox"/> 9. Originating Department |
| <input type="checkbox"/> 5. Department Director | |

PRIOR TO EXECUTION – MUST BE ATTACHED

For Public/Small Works Contracts:

- ☐ Contractor Responsibility Form
- ☐ Contract Bond/In Lieu of Form
- ☐ Certificate of Insurance
- ☐ W-9 Form

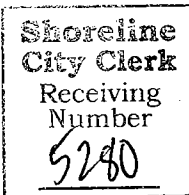
For Service Contracts:

- ☐ Certificate of Insurance
- ☐ W-9 Form



**American
Red Cross**

Together, we can save a life



5280

Statement of Agreement

For Use of Facility

This Agreement is made and entered into between the governing board of City of Shoreline (school district, church, other organization) of King County, state of Washington, and the American Red Cross serving King and Kitsap Counties, chapter of The American National Red Cross (Red Cross), collectively "the Parties."

Recitals

Pursuant to the terms of federal statutes, the Red Cross provides emergency services on behalf of individuals and families who are victims of disaster.

Robert Olander, City Manager City of Shoreline (Official) is authorized to permit the Red Cross to use City of Shoreline (school district, church, other organization)'s buildings, grounds and/or equipment required in the conduct of Red Cross disaster services activities, and wishes to cooperate with the Red Cross for such purposes.

The Parties hereto mutually desire to reach an understanding that will result in making the aforesaid facilities of City of Shoreline (school district, church, other organization) available to the Red Cross for the aforesaid use.

Now, therefore, it is mutually agreed between the Parties as follows:

1. The City of Shoreline (school district, church, other organization) agrees that, after meeting its responsibilities to its pupil/parishioners/members/clients, it will permit, to the extent of its ability and upon request by the Red Cross, the use of its physical facilities by the Red Cross for disasters victims.
2. The Red Cross agrees that it shall use reasonable care in the conduct of its activities in such facilities.
3. The Red Cross and City of Shoreline (school district, church, other organization) agree to provide to each other, and update yearly, the point of contact information with each other by providing written notice, hand delivered or mailed to the parties at their respective addresses set forth below, or at such other address of which either party shall notify the other in accordance with the provisions hereof.

To: American Red Cross
Serving King and Kitsap Counties
Disaster Services—Logistics / MSS
PO Box 3097
Seattle, WA 98114-3097
(Location: 1900 25th Ave S)

To:
Robert Olander
City Manager
17500 Midvale Ave. N., Shoreline, WA 98133
Attn: _____

4. At the time of a disaster, for each use of the facility, the parties agree to execute a Facility Agreement form.

The parties, acting through their duly authorized officers, have executed this Contract as of the Effective Date.

City of Shoreline

Organization


Signature of Responsible Authority/President/Governing Board

Robert Olander

Print Name

City Manager


Title

(206) 801-2213

Phone Number

Effective Date

American Red Cross
Serving King and Kitsap Counties
Chapter of the American National Red Cross


Signature of Red Cross Disaster Operations Authority


Kevin Kopp
Material Support Services Coord.

Title

4/21/09
Date

Approved as to form:

This Statement of Agreement is valid until terminated in writing by either party


Shoreline City Attorney

Shelter Facility Survey

Database ID

Directions

Please print. Complete as thoroughly as possible.
Insert "unknown" "none" or "N/A" if not applicable.
Telephone numbers should include area codes.
Add explanations at end of form or attach extra sheets.
For assistance e-mail logistics@seattlredcross.org or call:
King County: 206-720-5296 West Sound: 360-377-3761

Send To: King County: American Red Cross serving King and Kitsap Counties
Emergency Services—Logistics / MSS
PO Box 3097
Seattle, WA 98114-3097
West Sound: American Red Cross serving King and Kitsap Counties
Emergency Services
PO Box 499
Bremerton, WA 98337

Facility Information

Facility Name: Spartan Recreation Center

Governing Agency (such as school district for a school): City of Shoreline

Facility Street Address: 18560 1st Ave NE. Shoreline, WA 98133

City: Shoreline State: WA Zip Code: 98133 King

Mailing Address (if different): 17500 Midvale Ave N. Shoreline, WA 98133

GPS Location: Latitude: 47°45'52.89"N Longitude: 122°19'38.49"W Map Locator: ☐ Roadrunner ☐ Thomas Guide Page: _____ Grid: _____

Facility Main Phone Number: 206 801-2600 Facility E-mail: pks@shorelinewa.gov

Facility Website URL: www.shorelinewa.gov/parks

Facility Contacts

Please include at least two contacts with after hours numbers.

To authorize facility use, call:

Lynn M. Cheeney
Name
Recreation Superintendent
Title
206 801-2621
Daytime phone number
206 542-7350
After-hours/emergency phone/pager number
206 231-3149
Other after-hour contact number
lcheeney@shorelinewa.gov
Contact email address

To open facility, call:

Mary Anne Kelly
Name
Spartan Recreation Center Manager
Title
206 801-2631
Daytime phone number
206 418-3382
After-hours/emergency phone/pager number
206 783-0324
Other after-hour contact number
mkelly@shorelinewa.gov
Contact email address

Alternate contact to open facility, call:

Phil Ramon
Name
Facilities & Fleet Manager
Title
206 801-2411
Daytime phone number
206 396-9706
After-hours/emergency phone/pager number
206 930-9484
Other after-hour contact number
pramon@shorelinewa.gov
Contact email address

Survey Completed By:

Lynn M. Cheeney Recreation Superintendent April 9, 2009
Printed Name Title Date Completed

Potential Sleeping Areas

Only list rooms that you may allow to be used for dormitory-style sleeping areas with cots.

Large Room Types: Gym, Indoor Tennis Court, Multipurpose Room, Cafeteria, Meeting Room, Studios, Classroom, etc.

Size: List the approximate usable square footage. (A 1000 sq.ft. room with 200 sq.ft of display cases is listed as 800 sq.ft).

Large Room Type (sleeping area)	Room Name / Number	Size (sq.ft)	Comments/Fire Code Capacity/Floor Type (wood, carpet...)
Sleeping Area	Gymnasium	10,000	Wood floor, can be separated by curtains

Specialized Rooms Only check the rooms and equipment that you may allow to be used.

Room Type	Description	Comments/Limitations																																								
<input checked="" type="checkbox"/> Restroom	<table border="1"> <thead> <tr> <th></th> <th colspan="2">Number Sinks</th> <th colspan="2">Number Toilets/Urinals</th> <th colspan="2">Number Showers</th> </tr> <tr> <th></th> <th>Total</th> <th>ADA</th> <th>Total</th> <th>ADA</th> <th>Total</th> <th>ADA</th> </tr> </thead> <tbody> <tr> <td>Men's</td> <td>3</td> <td>1</td> <td>4</td> <td>1</td> <td>10</td> <td>1</td> </tr> <tr> <td>Women's</td> <td>4</td> <td>1</td> <td>4</td> <td>1</td> <td>10</td> <td>1</td> </tr> <tr> <td>Unisex/Family</td> <td>2</td> <td>1</td> <td>2</td> <td>1</td> <td>0</td> <td></td> </tr> </tbody> </table>		Number Sinks		Number Toilets/Urinals		Number Showers			Total	ADA	Total	ADA	Total	ADA	Men's	3	1	4	1	10	1	Women's	4	1	4	1	10	1	Unisex/Family	2	1	2	1	0							
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Women's	4	1	4	1	10	1																																				
Unisex/Family	2	1	2	1	0																																					
<input type="checkbox"/> Clinic	(Such as, a school Nurse's Office) Number of Beds: _____																																									
<input type="checkbox"/> Laundry	Number of Washers: _____ Number of Dryers: _____																																									
<input checked="" type="checkbox"/> Kitchen	Type: <input type="checkbox"/> Full commercial kitchen (large profession kitchen and appliances) <input type="checkbox"/> Full residential kitchen (kitchen with full-size home appliances) <input checked="" type="checkbox"/> Warming kitchen (used to store and reheat food made off-site) <input type="checkbox"/> Partial kitchen Equipment: <input checked="" type="checkbox"/> Oven <input type="checkbox"/> Warming Oven <input checked="" type="checkbox"/> Refrigerator <input checked="" type="checkbox"/> Sink <input type="checkbox"/> Grill <input checked="" type="checkbox"/> Microwave Oven <input checked="" type="checkbox"/> Freezer <input checked="" type="checkbox"/> Dish Washer <input checked="" type="checkbox"/> Stove: Number of Burners: _____ <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric																																									
<input type="checkbox"/> Eating	Type: <input checked="" type="checkbox"/> Snack/Break Room Seating Capacity: <u>30</u> <input type="checkbox"/> Cafeteria Seating Capacity: _____ <input type="checkbox"/> Other: _____ Seating Capacity: _____																																									

Limitations on Facility Use

Is facility available year-round? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, list date restrictions: _____ Facility is in an area designated as: <input type="checkbox"/> In a flood plain: <input type="checkbox"/> 100-year event. <input type="checkbox"/> 500-year event. <input type="checkbox"/> In an evacuation zone. For: _____	Are areas to be used for shelter ADA accessible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, list non-compliances: _____ Are some operations required to be performed by facility union or contractor staff (such as food preparation)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list: custodial
Other availability restrictions or limitations for use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list: _____	

Facility and Grounds

Facility Construction <input type="checkbox"/> Wood Frame <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Prefabricated <input type="checkbox"/> Other: _____ Number of stories: <u>1</u> Approx. year(s) of construction: <u>1960</u>	Fire Safety Does the facility have fire sprinklers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the facility have fire alarm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does the facility have smoke/fire detectors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grounds Athletic field(s): Number: _____ Total Size: _____ sq.ft. Athletic court(s): Number: _____ Total Size: _____ sq.ft. Is the facility securable (fenced)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Potential Sleeping Areas (gymnasiums, multipurpose rooms, etc.) Are there windows in potential sleeping areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, are the windows safety glass? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are there window covers/blinds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parking and Public Transportation Number of parking spaces: <u>80</u> Handicapped spaces: <u>2</u> Is the facility near a bus route? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Facility Layout <input type="checkbox"/> Attach a Facility Floor Plan (may be a simple drawing), label rooms (gymnasium, multipurpose, kitchen, etc.) that can be used.

Utilities

	Type/Description	Comments
Electricity	Backup generator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Powers entire facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas	Type: <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Source: <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Tank	
Water	Type: <input checked="" type="checkbox"/> Municipal Water <input type="checkbox"/> Well <input type="checkbox"/> Other: _____	
Sanitation	Type: <input checked="" type="checkbox"/> Municipal Sewer <input type="checkbox"/> Septic System <input type="checkbox"/> Other: _____	
Telephones	Pay phones? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Trash Collection	Trash dumpster? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other	List: _____	

Additional Information



EMERGENCY PROCEDURES **Spartan Gym**

Earthquake

- Stay away from windows and unsecured items.
- Take cover and hold under a desk, sturdy table, or door frame.
- When shaking stops, calmly evacuate according to diagram
- Report to the southeast corner of main parking lot.

Fire:

- Close all doors and windows.
- Alert other occupants of the danger.
- Staff will call 9-911 to notify the Fire Department of the fire.
- Evacuate according to the diagram.
- Report to the southeast corner of main parking lot.

- Do not leave your assigned meeting place until directed to do so.
- Staff will report missing people to the Fire Department.
- Do not re-enter the building until directed to do so.

